

# Welcome

#### Thank you for choosing Middle Creek Veterinary Hospital and Exotic Animal Clinic to provide care to your family members!

## **CLIENT INFORMATION**

|                                  | Date_         |          |               |         |       |
|----------------------------------|---------------|----------|---------------|---------|-------|
| Owner's Name                     |               |          | Spouse's Name |         |       |
| Address                          |               |          |               |         |       |
| City                             |               | State    | Zip Code      |         |       |
| Home Phone ()                    | Cell Phone(   | )        | Spouse Cell(  | )       |       |
| E-mail Address                   |               |          |               |         |       |
| Place of Employment              |               |          | Work Phone (  | )       |       |
| Emergency Contact                |               |          | Phone ()      |         |       |
| What is your preferred method of | communicatior | n? Email | Text          |         | Phone |
| How did you hear of our clinic?  | Yellow Pages  | Location | Ad            | _ Other |       |
| Referred by                      |               | _        |               |         |       |
| Driver's License State and Numbe | r             |          |               |         |       |

# HOUSEHOLD INFORMATION

| Are there any children in the home under the age of 18? | YES | NO |  |
|---|-----|----|--|
| Is there anyone in the home with any allergies?YES      | NO  |    |  |
| If yes, please explain                                  |     |    |  |

#### Please see reverse side for additional information

8109 Fayetteville Road. Suite 125. Raleigh, NC 27603

## **PET INFORMATION**

| Pet's name   |  | Species |  |  |  |  |  |
|--|--|---------|--|--|--|--|--|
| Breed  |  |         |  |  |  |  |  |
| Date of Birth/approximate age  |  |         |  |  |  |  |  |
| Name of previous veterinarian  |  |         |  |  |  |  |  |
| Would you like for us to contact them to get your records transferred? |  |         |  |  |  |  |  |
| Current Medications  |  |         |  |  |  |  |  |
| History of allergic reactions  |  |         |  |  |  |  |  |
| Any behavioral issues?   |  |         |  |  |  |  |  |
| Number of hours spent outside during the day                           |  |         |  |  |  |  |  |
| Other pets in the house  |  |         |  |  |  |  |  |
| How did you acquire this pet?  |  |         |  |  |  |  |  |
| Does your pet get regular exercise?                                    |  |         |  |  |  |  |  |
| Please list any previous surgeries                                     |  |         |  |  |  |  |  |
| What is the primary purpose of this pet? Companie                      |  |         |  |  |  |  |  |

### Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner\_\_\_\_\_ Date\_\_\_\_\_

Do we have your permission to use your pets photo on our website and social media sites? If yes, please initial\_\_\_\_